WEEKLY BULLETIN ON OUTBREAKS AND OTHER EMERGENCIES

Week 12: 18 - 24 March 2024
Data as reported by: 17:00; 24 March 2024

0 New events
130 Ongoing events
101 Outbreaks
29 Humanitarian crises

Legend
- Measles
- Meningitis
- Yellow fever
- Cholera
- Lassa fever
- Measles
- Dengue
- West Nile fever
- Chikungunya
- Rabies
- Marburg
- Monkeypox
- Crimean-Congo haemorrhagic fever
- Anthrax
- Malaria
- Leishmaniasis
- Typhoid
- Cholera
- Rift Valley fever
- Marburg
- Anthrax
- Malaria
- Leishmaniasis
- Typhoid
- Cholera
- Rift Valley fever
- Health Emergency Information and Risk Assessment

*The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate borderlines for which there may not yet be full agreement.*
Overview

This Weekly Bulletin focuses on public health emergencies occurring in the WHO African region. This week’s articles cover:

- Measles in Liberia
- Measles in Zambia
- Floods in the Republic of Congo

For each of these events, a brief description, followed by public health measures implemented and an interpretation of the situation is provided.

A table is provided at the end of the bulletin with information on all new and ongoing public health events currently being monitored in the region, as well as recent events that have been controlled and closed.

Major issues and challenges include:

- The magnitude and spread of the protracted measles outbreak in Liberia suggest a possible suboptimal measles vaccine coverage throughout the country. The suboptimal coverage could have resulted from COVID-19 pandemic-related impacts on routine health services provision, underlying gaps in immunization program coverage, or both. The Ministry of Health in addition to other measures, responded by sending out a rapid response team to contain the outbreak and working with partners to conduct operational research to understand the drivers of the outbreak.

- Since 2021, Zambia has been facing recurring measles outbreaks, initially concentrated in specific provinces but now affecting all ten provinces of the country, including both urban and rural areas. The National Public Health Emergency Operations Centre has been activated with ongoing measures including active surveillance, contact tracing, and community sensitization. However, challenges persist, such as limited resources for cross-border collaboration and community active case searches, insufficient capacity for measles data audits, and inadequate support for community-based efforts. These constraints impede effective coordination, surveillance, and response, potentially prolonging the outbreak and increasing its spread.
Measles

EVENT DESCRIPTION

The Measles outbreak that started in Liberia in December 2021 continues, although with a declining trend since April 2023. Since our last situation report on 4 December 2022 (Weekly Bulletin 49), 4,912 additional suspected cases and 10 additional deaths have been reported. From 13 December 2021 to 6 March 2024, a total of 13,250 suspected measles cases, including 12,596 confirmed (95.0%) and 95 deaths (CFR 0.7%) have been reported. Of the 12,596 confirmed cases, 621 are Immunoglobulin M positive (IgM positive), 8,968 are clinically compatible, and 3,007 are epidemiologically linked to another confirmed case. All 15 counties of Liberia have been affected and cases have mostly been reported from Montserrado (5,456 cases; 41.2%), Maryland (1,214 cases; 9.2%), and Nimba (1,167 cases; 8.8%) counties. The majority of deaths have been reported from Montserrado (69 deaths; 72.6%). The most affected age group is 2 to 4 years.

From 29 February to 6 March 2024, seven districts in 4 out of the 15 counties of Liberia were in active epidemic phase, namely, Maryland (Plebo, Karluway-II, and Harper), Grand Gedeh (Konobo, Tchien), River Gee (Potupo), and Nimba (Saclepea-Mah).

PUBLIC HEALTH ACTIONS

- The National Health authorities continue to coordinate the response activities with support from WHO and partners. Coordination meetings are being regularly held in Maryland County.
- Active case search, outbreak investigation, and contact tracing have been enhanced in the seven districts in the active epidemic phase (Plebo, Karluway-II, Harper, Potupo, Saclepea-Mah, Konobo, Tchien).
- Case management is ongoing in Maryland, Nimba, River Gee, and Grand Gedeh Counties. Distribution of medical supplies to the affected districts is ongoing with the partner’s support. Nine hundred and fifty (950) tablets of 250mg Amoxicillin, 3,500 capsules of vitamin A (200,000 IU), and 700 capsules of vitamin A (100,000 IU) were recently donated by UNICEF to four affected Health districts (Konobo, Putu, Tchien and Cavalla).

SITUATION INTERPRETATION

The national health authorities in Liberia, with support from partners, have made tremendous efforts to control this protracted measles outbreak. Nonetheless, the outbreak remains active in seven districts of four counties where the response is faced with some challenges, including limited funding for the response, limited supply of essential medicine for case management in all the affected districts, lack of computers for effective data management and limited space for isolation of patients in Grand Gedeh County. In addition to providing the necessary logistical support to the counties in the active epidemic phase, there is a need to continue reinforcing routine immunization activities across the country to provide full immunity to the susceptible groups.
WEEKLY BULLETIN ON OUTBREAKS AND OTHER
WEEK 12: 18 - 24 MARCH 2024

Geographical distribution of suspected cases and deaths of Measles in Liberia by County, 13 December 2021—6 March 2024

Epicurve of measles cases and deaths in Liberia, 13 December 2021 – 6 March 2024
Measles

EVENT DESCRIPTION

Since 2021, Zambia has been grappling with repeated measles outbreaks. Initially concentrated in Lusaka, Northwestern, and Southern Province, the outbreaks have now reached all ten provinces, impacting both urban and rural communities. Predominantly, the affected demographic comprises children under five years old, with 84.0% either unvaccinated or lacking a documented vaccination history against measles, heightening their susceptibility to the illness. Urgent calls from the Ministry of Health underscore the critical necessity for vaccination campaigns and prompt medical intervention to curb the dissemination of this highly transmissible disease.

In week 8 of 2024, Zambia recorded a total of 54 suspected measles cases, with laboratory testing confirming 5 cases distributed across 5 districts. This adds to the cumulative count of suspected cases, which has now reached 1,594, and laboratory-confirmed measles cases, totaling 57 since the first week of 2024. Notably, the epi curve indicates a rise in the number of cases from week 3. In week 8, Central and Northern Provinces reported the highest attack rates. Most cases were reported among children under five years of age, with girls being disproportionately affected. Luapula province which recorded the highest attack rate since the start of the outbreak has seen a declining trend in the past two weeks, from 13.0 to 1.8/100,000 population.

PUBLIC HEALTH ACTIONS

- The National Public Health Emergency Operations Centre has been activated, and the Incident Management System (IMS) structure is in place and functioning.
- Weekly meetings are convened within the measles IMS framework to coordinate response efforts.
- Suspected cases are monitored daily at both national and sub-national levels to track the disease’s spread and identify new outbreaks.
- Active surveillance and contact tracing activities are ongoing in all affected districts to promptly identify and isolate cases.
- Neighboring districts have been placed on high alert to enhance preparedness and response capacity.
- Continuous community sensitization efforts are underway in affected provinces to raise awareness about measles prevention and control measures.
- Advocate for resources to procure IEC materials on measles in both English and local languages.
- Training for Community-Based Volunteers in measles community-based surveillance has been conducted.
- Intensify community-based surveillance, active case search, and contact tracing activities.

SITUATION INTERPRETATION

In response to the current measles outbreak, the National Public Health Emergency Operations Center is actively monitoring the situation and conducting surveillance in the affected districts. Concurrently, the Ministry of Health/ZNPHI is intensifying community engagement and healthcare worker training. However, they are encountering challenges due to limited resources for conducting cross-border collaborative meetings, data audits, and community active case search activities at the subnational level, hindering effective coordination and surveillance efforts.

**Zambia**

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<th>Cases</th>
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<td>1,594</td>
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Health Emergency Information and Risk Assessment
Trend of suspected, and confirmed cases of measles and samples sent to the laboratory, Week 1 2023 to Week 8, 2024

Distribution of cases and deaths of measles in Zambia by Province, Week 1—10, 2024
**Floods**

**EVENT DESCRIPTION**
Since December 2023, the Republic of the Congo has grappled with a devastating flood crisis resulting from an unprecedented increase in rainfall at the end of 2023. This weather anomaly caused the Congo River’s water level to surge by 30 cm, directly impacting approximately 320,891 individuals as of early January 2024. By January 19, assessments conducted by the Government and the Congolese Red Cross indicated that the floods had affected over 1.8 million people across the country.

The floodwaters have wreaked havoc across multiple areas, including Likouala, Plateaux, Brazzaville, and Pointe-Noire, resulting in 17 deaths and leaving six people missing. Moreover, the floods have led to the inundation of 361 villages and 36 neighborhoods, causing significant damage to infrastructure, including 34 health facilities and about 64,000 homes. Educational disruption has been severe, with 120 schools flooded and an estimated 27,000 children unable to attend school.

Agricultural impacts have been profound, with 2,292 hectares of farmland inundated, raising concerns over food security due to the loss of crops, livestock, and fishing gear. The northern region, which borders the Congo River, has been particularly hard-hit, experiencing the most exceptional flooding in sixty years.

**PUBLIC HEALTH ACTIONS**
- United Nations agencies, in collaboration with the government, have developed a multi-sector flood response plan with a budget of approximately $26 million with $1.9 million specifically allocated for health and nutrition pillars, like shelter, food security, nutrition, health, and WASH (Water, Sanitation, and Hygiene).
- An allocation of $3.6 million has been made to meet the urgent needs of 270,000 people, although more international funding is required for full plan implementation. Notably, the WHO has allocated $100,000 to support the country’s flood emergency response, enabling the deployment of the Ministry of Health SURGE Team for an in-depth public health situation.

**SITUATION INTERPRETATION**
The floods in the Republic of Congo represent a significant humanitarian and health crisis, with the potential for long-term impacts on the affected communities. The immediate health risks include cholera, other water-borne diseases, malaria, trauma, injury, measles, malnutrition, maternal and child health issues, and an increased vulnerability to outbreaks due to the displacement and disruption of healthcare services. The ongoing vulnerability of the Congo to flooding highlights the need for continued investment in disaster preparedness and climate adaptation measures, ensuring that communities are better equipped to respond to and recover from such events.
Snapshots of Flooding situation in the Republic of Congo, 2024

Source: AFRO
Integrated Disease Surveillance and Response
Weekly data submission report
Health Emergency Information Management & Risk Assessment Programme

Update on Reporting - Epidemiological Week 12: 18 – 24 March, 2024
Point du rapportage hebdomadaire – Semaine 12: 18 – 24 mars 2024

38 Countries out of 47, reported for week 18
81% Completeness for weekly reporting
60% Timeliness for weekly reporting

2024 Summary of Reporting - Frequency of weekly reports received at AFRO

Please, refer to the calendar below to submit your IDSR data on a weekly basis:

Veuillez-vous référer au calendrier ci-dessous pour soumettre vos données de la SIMR sur une base hebdomadaire:

afrououtbreak@who.int
afroephrir@who.int

All the correspondences related to this document should be directed to: Toutes les correspondances relatives à ce document doivent être adressées à:

Dr Etien Luc Koua, HIR Programme Area Manager (kouae@who.int)
Emergency Preparedness and Response, WHO Regional Office for Africa

Reminder : Upcoming deadlines for weekly data submission
Rappel : Dates limites prochaines de soumission des données hebdomadaires

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<th>Week 12</th>
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All events currently being monitored by WHO AFRO

WEEKLY BULLETIN ON OUTBREAKS AND OTHER
WEEK 12: 18 - 24 MARCH 2024

According to Global Polio Eradication Initiative, no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) was reported this week. There were three cases reported in 2022.

Benin
Poliovirus (cVDPV2)
Grade 2
8-Aug-19
24-Aug-19
13-Mar-24
30
30
0.00%

There have been three cases reported in 2023. There are 13 cases reported in 2022. Six cases were reported in 2021 and 2020, and eight in 2019.

Burkina Faso
Humanitarian crisis (Sahel Region)
Grade 2
1-Jan-19
1-Jan-19
13-Feb-24
5,500,000
5,500,000
-
-

Since 2015, the security situation in the Sahel and Eastern Burkina Faso has gradually deteriorated due to attacks by armed groups. Access to healthcare services remains a major challenge for the affected population. As of February 2024, 5.5 million People needed humanitarian assistance, 3.2 million of which are children and over 2.06 million IDPs registered and 5478 schools closed. The situation remains fluid.

Burkina Faso
Measles
Ungraded
6-Feb-24
14-Jan-24
9-Mar-24
3817
362
12
0.30%

Burkina Faso is experiencing an increase in measles cases. Between week 1 and week 10 of 2024, a total of 3 817 suspected measles cases, resulting in 12 deaths, have been recorded. This rise indicates a growing trend in 2024 compared to previous years during the same period.

Burundi
Cholera
Grade 3
1-Jan-19
14-Dec-22
24-Mar-24
1 474
175
9
-

The ongoing cholera outbreak was officially declared on 1 January 2023. As of 24 March 2024, a total of 1,474 cases have already been reported since the start of the epidemic. The health districts affected are Cibitoke, Bujumbura Nord, Bujumbura Centre, Bujumbura Sud, Isare, Kabezi, Mpanda, Rwibaga, Bubanza, Mabayi, Rumonge and urugama. There were 2 new cases in Epi Week 10 of 2024

Burundi
Measles
Ungraded
15-Feb-24
1-Jan-23
12-Feb-24
1670
1 670
22
1.30%

On 14 February 2024, Burundí’s Ministry of Health reported a measles outbreak, with 20 of the country’s 49 health districts experiencing active outbreaks. These districts were identified as having unvaccinated children in the 2022 National Vaccination Coverage Survey. The epidemic curve indicates a steady increase in cases since May 2023. In 2023, there were 1670 confirmed cases resulting in 22 deaths, representing a case fatality rate of 1.3%. Among the confirmed cases, 55% were aged 6-59 months, and 82% were under 15 years old. From 1 January to 12 February 2024, 34 deaths were reported in five health districts.

Burundi
Poliovirus (cVDPV2)
Grade 2
17-Mar-23
1-Jan-22
20-Mar-24
2
2
0.00%

No cVDPV2 case was reported this week. There is one case reported in 2023 and one in 2022.

Cameroon
Humanitarian crisis (North-West & South-West )
Protracted 2
1-Oct-16
27-Jun-18
13-Feb-24
4,700,000
4,700,000
-
-

In the North-West and South-West regions, the unstable security situation and persistent violence are exacerbating humanitarian needs. Affected people continue to flee their homes to neighbouring villages and communities. By February 2024, the following observations were made: 4.7M people in need, 2.7M people targeted, 1M IDPs, 658k Returnees and 485K Refugees and Asylum Seekers.

Cameroon
Humanitarian crisis (Sahel Region)
Grade 2
31-Dec-13
27-Jun-17
13-Feb-24
-
-
-
-

The Far North region of Cameroon is still facing humanitarian crisis. The region situated at the border area with Nigeria and Chad, as well as the Lake Chad area, remain the most affected by the armed conflict. Between August and September this year, nearly 6 000 newly displaced people were registered in the Mokolo district following repeated attacks by non-state armed groups. More than 2 200 new asylum seekers/refugees were registered for the same period at the Gourenguel transit site, in Mokolo district of Mayo-Tsanaga department.

Cameroon
Diphtheria
Ungraded
7-Jan-24
7-Jan-24
25-Feb-24
2
1
50.00%

Two cases of diphtheria were reported in Cameroon from the Centre and South regions on 23 November and 7 December 2023 respectively. The case reported from the South region came from Gabon to seek care in Cameroon and died later.

Cameroon
Mpx
Protracted 2
24-Feb-22
1-Jan-22
30-Nov-23
45
45
3
6.70%

From week 1 through week 48 (ending 3 December 2023), 6 535 confirmed measles cases have been reported in Cameroon, including 476 IgM+ and 6 059 epidemiologically linked. At least 31 related deaths (CFR 0.5%) have been reported in 2023.

Cameroon
Poliovirus (cVDPV2)
Grade 2
23-May-19
1-Jan-20
6-Dec-23
13
13
0.00%

From 1 January to 30 November 2023, 113 suspected cases of Mpx, including 27 laboratory-confirmed and no deaths have been reported. In 2022, 18 confirmed cases and three deaths were reported in the country.
No cVDPV2 cases were reported this week. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.

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<tr>
<td>Cameroon</td>
<td>Yellow Fever</td>
<td>Ungraded</td>
<td>20-Nov-23</td>
<td>23-Jan-23</td>
<td>10-Mar-24</td>
<td>59</td>
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<td>In Cameroon, three cases of yellow fever confirmed by polymerase chain reaction (PCR) were reported in the last quarter of 2023, specifically in weeks 42 and 45. Probable and confirmed cases of yellow fever were reported consistently throughout 2023, from week 4 onward. As of week 2 of 2024, 32 confirmed cases have been reported in 10 regions, including 23 PRNT-positive and nine PCR-positive cases. Of these reported cases, 30 have been classified as confirmed, including six in Douala’s densely populated urban area.</td>
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Cape Verde

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<tr>
<td>On 6 November 2023, the Ministry of Health Surveillance Service reported two confirmed cases of Dengue through Polymerase Chain Reaction (PCR) testing and one borderline case in the city of Praia, Santiago Island, Cabo Verde. The same day three more suspected cases were reported from the Central Hospital Dr. Agostinho Neto giving a total of six cases including two confirmed with zero deaths. As of 11 March 2023, a total of 992 suspected cases, including 543 confirmed cases and no deaths, were reported.</td>
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Central African Republic

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<td>On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Force (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO): the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, a total of 22,627 refugees and 6,158 returnees have been recorded in CAR.</td>
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Central African Republic

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<td>From 4 March 2022 to 26 November 2023, 35 confirmed cases of Mpox and one death have been reported in the country. Since the start of 2023, the country has reported 18 laboratory-confirmed cases, including one death.</td>
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Central African Republic

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<td>In 2023, five confirmed cases of yellow fever were recorded for the following districts: Sangha-Mbaéré (1), Berbérati (1), Bambari (2), and Bossembélé (1). The number of the confirmed cases this year has been revised. Since the beginning of 2024, four probable cases of yellow fever (PRNT positive) were recorded in the Mbaki health district, pending final classification. A reactive vaccination campaign in the affected districts is planned to begin in March 2024.</td>
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Chad

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<td>Chad is among the African countries most affected by the armed conflict in Sudan, hosting 46.7% of Sudanese refugees to date. As of 11 February 2024, a total of 6,380 new refugees have been registered in the four crisis-affected provinces in the East, bringing the total number of Sudanese refugees to 553,150 (with 54.1% located in Adré, the epicenter of the crisis) and 144,105 Chadian returnees since the start of the conflict in Sudan.</td>
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<td>On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Force (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO): the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, the conflict has displaced 6.3 million internally and 1.7 million in neighboring countries including 559,423 refugees and 5,531 returnees for Chad, 22,627 refugees and 6,158 returnees in CAR, 124,751 refugees and 463,960 returnees in South Sudan and 42,084 refugees and 7,760 returnees in Ethiopia.</td>
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<td>Between 1 January and 11 February 2024, 771 suspected measles cases, including 129 confirmed IgM-positive cases, were reported in 84 out of 158 districts, representing 53.2% of all districts. One death was reported in the N’Djamena Centre health district in N’Djamena province. In addition, 12 health districts have exceeded the epidemic threshold, none of which are in provinces affected by humanitarian crises.</td>
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<tr>
<td>One cVDPV2 case was reported this week, bringing the total number of cases this year to 45. This latest reported case had onset of paralysis on 15 September, from Salamat region of Chad. 44 cVDPV2 cases were reported in 2022, 106 cVDPV2 cases were reported in 2020 from three different outbreaks and nine others were reported in 2019.</td>
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Comoros

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<td>No cVDPV2 cases were reported this week. There were three cases reported in 2022, three others reported in 2021, and seven cases reported in 2020.</td>
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Since the official cholera outbreak declaration on 2 February 2024 through 17 March 2024, a total of 319 cases and 12 deaths (CFR 3.8%) are reported in Comoros with the cholera attack rate of 38 cases per 100,000 inhabitants. The antibiogram and serotyping confirmed Vibrio cholerae 01 Ogawa was the causative agent.

Since December 2023, nine of the twelve departments of the Republic of Congo (Cuvette, Likouala, Plateaux, Sangha, Kouilou, Niari, Pool, Brazzaville, Pointe-Noire) have been experiencing heavy floods following excessive rainfall and overflow of the Oubangui and Congo rivers. As of 8 January 2024, 23 deaths were reported and an estimated 336,560 individuals were in need of humanitarian and health assistance. As of 24 February 2024, 196,769 internally displaced persons were recorded in seven departments, including 7,407 (pregnant women, 36,855 (3.8%) children less than five years old (18.7%), and 12,762 (6.5%) elderly.

From 22 August to 27 November 2023, 21 laboratory-confirmed cases of Mpx, 5 probable cases and 5 deaths were reported.

No circulating vaccine-derived poliovirus type 1 (cVDPV1) cases were reported this week. As of 6 December 2023, only one case reported this year.

An outbreak of Dengue fever is ongoing in Ivory Coast. A total of 4,006 cases have been reported from 1 January 2023 to 25 February 2024, with 325 confirmed cases and 3 deaths (CFR: 0.1%).

Severe floods in the Democratic Republic of Congo for many weeks have caused catastrophic impacts across multiple regions. Some of the most affected areas are Ituri and Mongala provinces as well as the capital Kinshasa. As of 5 January 2024, the Minister of Social Affairs, Humanitarian Actions and National Solidarity announced that at least 300 people have died due to the floods and over 43,750 houses destroyed.

In the eastern region of the Democratic Republic of Congo (DRC), particularly in North Kivu, a protracted and complex conflict persists, characterized by the presence of numerous armed groups and the Congolese Armed Forces (FARDC) and their respective allies. This situation has led to widespread instability and an unprecedented humanitarian crisis in North Kivu province. Between February 2nd and 8th, armed clashes between the FARDC and M23 rebels resulted in the displacement of approximately 150,000 people in North Kivu, including around 50% children. Most of these displaced individuals have experienced repeated displacements, particularly from collective centers in Bweremana, Kirotsh, and Shasha in the Masissi territory, and Katsiru in the Rutshuru territory. Additionally, the fighting has also triggered the displacement of around 60,000 people southward, towards Minova and Bunyakiri in South Kivu province.

A human case of anthrax was confirmed on 16 November 2023 in Lume health area, Mutwanga health zone, North Kivu Province. From 4 November 2023 to 3 January 2024, a total of 20 suspected cases including 4 deaths (CFR 20%) were reported from four health zones of the North Kivu Province: Mutwanga (7 cases, 2 deaths), Mabalako (4 cases, 1 death), Beni (5 cases), and Vuhovi (4 cases, 1 death).

A total of 305,404 suspected measles cases and 5,688 deaths have been reported from week 1 through week 49 (ending 10 December). About 77% of these suspected cases are children under five years of age. Among the suspected cases reported, 7,214 were investigated through the case based surveillance system and 3,980 were IgM positive for measles, while 603 were IgM positive for rubella.

In 2024, cumulatively from week 1 through week 6 (ending 12 February), a total of 2609 cases, 360 confirmed and 218 deaths (CFR 4.5%) were reported.

The Democratic Republic of the Congo (DRC) is facing plague in two health zones (Rethy and Logo) in the Ituri province. A total of 205 cases have been reported including seven deaths (CFR 3.4%) since the beginning of this year.

As per the Global Polio Eradication Initiative (GPEI), no cVDPV1 cases were reported this week. The number of 2023 cases remains 105.

As per the Global Polio Eradication Initiative (GPEI), no cVDPV2 cases were reported this week. The number of 2023 cases remains 118.
**Health Emergency Information and Risk Assessment**

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER EVENTS**

**WEEK 12: 18 - 24 March 2024**

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**Eritrea**

<table>
<thead>
<tr>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>2-Jun-22</th>
<th>7-Jun-22</th>
<th>20-Mar-24</th>
<th>2</th>
<th>2</th>
<th>0.00%</th>
</tr>
</thead>
</table>

No new case of cVDPV2 in 2023 as at week 50. One case was reported in 2022, and another one reported in 2021. The latter case was confirmed on 2 June 2022 by the Ethiopian National Polio Laboratory.

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**Ethiopia**

| Food insecurity (Horn of Africa crisis) | Grade 3 | 17-Feb-22 | 1-Jan-22 | 20-Mar-24 | - | - | - |

According to the January 2024 Famine Early Warning Systems Network (FEWS NET) food security outcomes projection, households in northern Ethiopia are facing extreme hardships accessing food and income which are driving ongoing Emergency (IPC Phase 4) and Crisis (IPC Phase 3) outcomes. Households have limited food stocks resulting from the failure of the 2023 meher harvest, and income-earning activities have yet to recover from recent conflict.

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**Ethiopia**

| Humanitarian crisis (Northern Ethiopia) | Grade 3 | 4-Nov-20 | 4-Nov-20 | 12-Mar-24 | - | - | - |

The conflict in northern Ethiopia has led to massive and acute humanitarian needs in Afar, Amhara, and Tigray, which are still only partially addressed. Vital infrastructure, such as health facilities, water installations, and schools have been destroyed. Ongoing armed conflicts in Amhara and Oromia, continue to threaten the lives of many, driving humanitarian and protection needs. As of 12 March 2024, in Amhara region, armed clashes continued to escalate between Fano militias and the Ethiopian National Defense Force (ENDF), while in Oromia region, Fano militias attacked civilians in border areas of North Shewa zone.

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**Ethiopia**

| Impact of Sudan crisis in Ethiopia | Grade 3 | 1-May-23 | 1-May-23 | 6-Mar-24 | - | - | - |

On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Forces (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO): the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, the conflict has displaced 8.3 million internally and 1.7 million in neighboring countries including 42,084 refugees and 7,760 returnees in Ethiopia.

---

**Ethiopia**

| Cholera | Grade 3 | 17-Sep-22 | 1-Aug-22 | 10-Mar-24 | 37,497 | 37,497 | 525 | 1.40% |

Since the index cholera case reported on 27 August 2022 through 10 March 2024, there have been a total of 37,497 cholera cases and 525 deaths (CFR 1.4%). In 2024, a total of 8,606 cases and 58 deaths are reported.

---

**Ethiopia**

| Dengue | Grade 3 | 16-May-23 | 10-May-23 | 24-Mar-24 | 23,381 | 23,381 | 17 | 0.00% |

Since 4 April 2023, two districts (Logia and Mille) in the Afar region of northeastern Ethiopia have been experiencing an outbreak of dengue fever. As of 26 February 2024, a total of 23,381 cases and 17 deaths associated deaths (CFR 0.08%) have been reported from five affected regions. 644 of the cumulative cases have been reported in 2024 only. New cases are reported from Dire Dawa city administration.

---

**Ethiopia**

| Malaria | Ungraded | 31-Jan-23 | 1-Jan-23 | 26-Feb-24 | - | - | - |

Ethiopia is still experiencing malaria outbreak for years now. Cumulatively in 2024, from 1 January to 26 February, a total of 705,054 malaria cases and 1,537 deaths were reported nationwide. Most malaria cases, were reported from Oromia (34%), followed by Amhara (18%), Southwest (13%), and South (10%). Number of malaria cases so far this year is already higher than reported during the same period in 2023.

---

**Ethiopia**

| Measles | Ungraded | 13-Apr-17 | 1-Jan-23 | 24-Mar-24 | 53,800 | 53,800 | 440 | 0.80% |

Since August 12, 2023, 237 Woredas across all regions in Ethiopia have been affected by the measles outbreak. The outbreak is active in 79 Woredas across the country out of the 359 Woredas affected. As of 03 March 2024, a total of 53,800 cases with 440 deaths have been reported, a Case Fatality Rate (CFR) of 0.82%. 43,047 of the cumulative cases and 318 deaths were reported in 2024 only. 373 new cases were reported within the last 15 days.

---

**Ethiopia**

| Poliomyelitis (cVDPV2) | Grade 2 | 24-Jun-19 | 20-May-19 | 20-Mar-24 | 62 | 62 | 0.00% |

No cVDPV2 case was reported this week. There was no case of circulating vaccine-derived poliovirus type 2 (cVDPV2) reported in 2023, one case reported in 2022, 10 cases in 2021, 38 cases in 2020, and 13 cases in 2019, giving a cumulative of 62 cases.

---

**Gabon**

| Diphtheria | Ungraded | 23-Jan-24 | 1-Dec-23 | 25-Jan-24 | 1 | 1 | 1 | 100.00% |

On 23 January 2024, Cameroon reported a confirmed case of Diphtheria. The affected individual is a 9-year-old male from Bitam Health District in Gabon. The onset of symptoms occurred on 1 December 2023, and he sought medical consultation on 3 December 2023 in the Enongal health area, Ebolowa health district in Cameroon. The person died on 7 December 2023. The sample tested positive for Diphtheria on 23 January 2024.

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**Ghana**

| Mpiox | Protracted 2 | 8-Jun-22 | 24-May-22 | 13-Feb-24 | 138 | 138 | 5 | 3.60% |

As of week 5 of 2024, there have been 138 confirmed cases and 5 deaths (CFR 3.6%) reported from the 261 Districts.

---

**Ghana**

| Poliomyelitis (cVDPV2) | Grade 2 | 23-Aug-19 | 23-Jul-19 | 24-Mar-24 | 34 | 34 | 0.00% |

Ghana first reported a cVDPV2 outbreak in 2019. The country has a cumulative of 34 cVDPV2 AFP cases. 19 cVDPV2 cases were documented in 2019, 12 in 2020, 3 in 2022 and no cases in 2023. No new case was documented as of week 10 of 2024.

---

**Guinea**

| Diphtheria | Grade 2 | 21-Aug-23 | 4-Jul-23 | 14-Jan-24 | 2,240 | 2,081 | 85 | 3.80% |

An outbreak of diphtheria has been reported in the Kankan region of Guinea since 4 July 2022. As of 31 December 2023, 2,240 suspected cases had been reported from the Kankan, Faranah, Labé, Mamou, Conakry and N’Zérékoré regions, including 2,081 confirmed cases and 85 deaths. Of the confirmed cases, 42 were laboratory-confirmed, 1,945 were clinically compatible and 94 were epidemiologically linked. The Sigui health district in the Kankan region is the epicenter of the outbreak, with 97% of suspected cases reported.

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**Guinea**

| Lassa fever | Ungraded | 3-Feb-24 | 25-Jan-24 | 3-Feb-24 | 2 | 2 | 0 | 0.00% |

On 03 February 2024, WHO was notified of a confirmed case of Lassa fever in a 40-year-old driver of N’Zérékoré prefecture, Guinée forestière region of southeastern Guinea. In addition to this case, there was another confirmed case of lassa fever confirmed in the health district of Kissidougou on 31 January 2024.

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### Kenya

- **Food Insecurity (Horn of Africa crisis)**
  - Grade 3
  - 17-Feb-22
  - 1-Jan-22
  - 20-Mar-24

Kenya food security outlook of February to September 2024 shows that, from February to May, pastoral household access to food and income will likely improve with increased access to the short rains harvest, increased livestock birth rates, and agricultural labor opportunities. From June to September, household access to food and income will improve with the start of the long rains harvest in July as market prices temporarily decline. From early to mid-August, some households with small farms will likely have depleted their household food stocks and will turn to markets to meet their food needs, but above-average prices will likely keep their purchasing power lower than normal.

- **Anthrax**
  - Grade 2
  - 9-Jan-24
  - 4-Mar-24
  - 24-Mar-24
  - 68
  - 0

An outbreak of Anthrax was reported on 9 January 2024 from Kendara, Maragwa, and Kigumo sub-counties. As of 22 February 2024, there have been 66 cumulative cases and zero deaths. Kigumo reported the most cases (44), followed by Kendara (22) and Maragwa (2) cases. No new cases reported.

- **Cholera**
  - Grade 3
  - 19-Oct-22
  - 5-Oct-22
  - 3-Mar-24
  - 12,521
  - 577
  - 206

A cholera outbreak has been ongoing in Kenya since 26 October 2022. As of 3 March 2024, a total of 12,521 cases, with 577 confirmed by culture, and 206 deaths (CFR 1.6%) have been reported in 28 affected Counties.

- **Measles**
  - Ungraded
  - 29-Jun-22
  - 1-Jan-23
  - 18-Mar-24
  - 1,992
  - 598
  - 10

The outbreak has been continuous since January 2023. Nine counties are actively reporting measles cases; Garissa, Kilifi, Mombasa, Turkana, Samburu, Wajir, Meru, Kwale, and Mandera, since early 2024. A total of 59 cases of measles with 10 deaths (CFR 1.7%) have been reported.

- **Poliomyelitis (cVDPV2)**
  - Grade 2
  - 6-Jul-23
  - 26-May-23
  - 10-Jan-24
  - 13
  - 13

According to Global Polio Eradication Initiative, no cVDPV2 cases were reported this week. There have been eight cases reported in 2023.

#### Liberia

- **Lassa Fever**
  - Ungraded
  - 3-Mar-22
  - 6-Jan-22
  - 13-Feb-24
  - 376
  - 110
  - 32

From January 6, 2022, to week 6 of 2024, a cumulative total of 376 cases of Lassa Fever have been reported with 110 confirmed and 32 deaths (CFR 29%).

- **Measles**
  - Ungraded
  - 3-Mar-22
  - 3-Mar-23
  - 13-Feb-24
  - 145
  - 7
  - 0

The ongoing Rift valley fever (RVF) outbreak has been confirmed in two counties: Marsabit and Wajir counties. A total of 145 suspected cases with seven confirmed human cases have been reported. Marsabit has reported 82 suspected cases with five confirmed by RT-PCR, while Wajir reported 63 suspected cases with two confirmed by RT-PCR. The number of confirmed cases has been reviewed from 12 to seven.

- **Suspected brew poisoning**
  - Ungraded
  - 9-Feb-22
  - 9-Feb-23
  - 24-Mar-24
  - 45
  - 21

On 9 February 2024, a brew poisoning incident was reported from Kirinyaga County involving 21 cases and nine deaths; people developed blurred vision, abdominal pain, body weakness and vomiting between 6 and 8 February 2024 after consuming a brew on 5 February 2024 at a local bar in a village in Kirinyaga Central sub-county. As of 22 February, 45 cases and 21 deaths were reported. No cases have been reported since then.

- **Malaria**
  - Ungraded
  - 28-Feb-22
  - 1-Jan-23
  - 18-Feb-24
  - 528127
  - 42

Malaria is experiencing malaria outbreak since last year and the same trend continues in 2024. Form week 1 to week 7, 2024, a total of 528,127 cases and 42 deaths are reported. 72 districts are in outbreak and 26 in alert.

- **Floods**
  - Ungraded
  - 28-Feb-22
  - 27-Feb-24
  - 3-Mar-24
  - 10944
  - 4

Malawi experienced torrential rains since the night of 27 February to March 2024 leading to flooding emergencies in Nkhotakota and Karonga, affecting more than 15,000 people; 7 reported deaths and 2 missing people. Nkhotakota district, Dwangwa town is the most affected.

- **Anthrax**
  - Grade 2
  - 27-Nov-23
  - 28-Nov-23
  - 21-Mar-24
  - 1

On 27 November 2023, a case of human cutaneous anthrax was confirmed from Mzimba district, northern Malawi, in a 6-year-old female; no death reported so far.

- **Cholera**
  - Grade 3
  - 3-Mar-22
  - 3-Mar-22
  - 3-Mar-24
  - 59,287
  - 59,287
  - 1,774

Twenty-nine districts have reported cholera cases since March 2022 in the Machinga district. As of 3 March 2024, a cumulative total of 59,287 cases and 1,774 deaths (CFR 3.0%) have been reported since the onset of the outbreak.

- **Measles**
  - Ungraded
  - 6-Nov-23
  - 6-Nov-23
  - 6-Nov-23
  - 32
  - 11
  - 2

The humanitarian situation in the Grand Sud remained fragile and is expected to deteriorate further, thus reversing the marginal gains made in 2023. Malnutrition rates are expected to reach IPC Phase 4 (Emergency) in liko and Varika during the lean season. Nearly 196,500 children under the age of five may suffer from acute malnutrition from October 2023 to April 2024. Two districts will reach a critical phase, nine will be in a serious phase, and four will be on alert for acute malnutrition between February and April 2024.
On 6 November 2023, the Ministry of Health released a press statement on confirmed measles outbreak in Lilongwe district following the notification of 11 laboratory confirmed cases within the same geographical area 36. As of 6 November, 32 suspected cases including 11 confirmed are reported. Two suspected measles related deaths were also reported.

One positive case of wild WPV1 was detected in Lilongwe from a child with the date of onset of paralysis on 19 November 2021. As of 20 March 2024, no other cases have been reported.

Mali is facing prolonged conflict, poverty, climate shocks, and growing insecurity. However, the current Humanitarian Response Plan for Mali needs to be more funded, with only 11% of the required funding secured for the 4.1M (million) people targeted. There has been a significant increase in IDPs in the regions of Kidal (32.8%) and Menaka (20%). As of March 2024, over 7.1M people require humanitarian assistance and as long as it persists, 2M people have access to water, 2.5M children are at risk of Acute Malnutrition, 1.6M excluded from alert/response mechanisms and 1.8M children are deprived the right education.

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date/End Date</th>
<th>Number of Cases</th>
<th>Deaths</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>Poliomyelitis (WPV1)</td>
<td>Grade 2</td>
<td>31-Jan-22</td>
<td>1</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mali</td>
<td>Humanitarian crisis (Sahel region)</td>
<td>Grade 2</td>
<td>11-Sep-17/11-Sep-17</td>
<td>24-Mar-24</td>
<td>7,500,000</td>
<td>7,500,000</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Poliomyelitis (cVDPV1)</td>
<td>Grade 2</td>
<td>31-Oct-23</td>
<td>21-Mar-24</td>
<td>26</td>
<td>26</td>
</tr>
</tbody>
</table>

Mali has reported 1,627 suspected dengue cases, with 123 deaths, in three regions. Of the 1,627 samples tested with a rapid diagnostic test, 296 were positive, resulting in a positivity rate of 18.2%. The attack rate at week 9 was 1.2 cases per 100,000 population.

Between week 1 and week 9 of 2024, out of 123 samples tested, 68 were IgM positive for measles, representing a positivity rate of 51%. There were 53 negative results and two were indeterminate. The incidence rate at week 9 is 0.3 per 100,000 population. No deaths have been reported. In 2023, 780 suspected measles cases were laboratory reported in Mali, of which 354 were positive and 426 were negative. A total of 32 of the 75 health districts (42.7%) recorded at least one confirmed measles outbreak in 2023.

From 1 January to 3 March 2024, Mali reported 1,627 suspected cases of dengue and no deaths across 10 health districts in three regions. Of the 1,627 samples tested with a rapid diagnostic test, 296 were positive, resulting in a positivity rate of 18.2%. The attack rate at week 9 was 1.2 cases per 100,000 population.

Mauritania

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date/End Date</th>
<th>Number of Cases</th>
<th>Deaths</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>Measles</td>
<td>Ungraded</td>
<td>20-Feb-18</td>
<td>1</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Zika</td>
<td>Ungraded</td>
<td>7-Dec-23</td>
<td>10-Dec-23</td>
<td>18-Mar-24</td>
<td>22</td>
</tr>
</tbody>
</table>

From 1 January to 17 March 2024, Mauritania reported 1,406 suspected cases of measles, of which 170 were laboratory-confirmed, resulting in four deaths. Forty-one (41) Moughataas in the 15 wilayas have reported confirmed cases of measles in 2024. The worst affected Moughataa is Bir Mogrein. Of the 38 moughataas that have crossed the epidemic threshold this year, 25 are currently experiencing an outbreak, while 13 others are in the post-epidemic phase.

Mauritania

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date/End Date</th>
<th>Number of Cases</th>
<th>Deaths</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>Rift Valley fever (RVF)</td>
<td>Ungraded</td>
<td>27-Nov-23</td>
<td>1</td>
<td>1</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

A case of Rift Valley fever confirmed on 23 November 2023 from the locality of Ejare in Radhi municipality was reported in a 32-year-old male shepherd in Ejare, Radhi. He developed symptoms including fever and epistaxis, consulted at Tintan Health Center where RVF was suspected.

Mauritania

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date/End Date</th>
<th>Number of Cases</th>
<th>Deaths</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mauritania</td>
<td>Measles</td>
<td>Ungraded</td>
<td>7-Mar-23</td>
<td>1</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>Mauritania</td>
<td>Dengue</td>
<td>Grade 3</td>
<td>17-Dec-23</td>
<td>17-Dec-23</td>
<td>1</td>
<td>4</td>
</tr>
</tbody>
</table>

From week 50, 2023 (ending 17 December 2023) to week 2, 2024 (ending 14 January 2024), the country has recorded an upsurge in dengue cases (40 confirmed cases reported). In week 2, 2024 (ending 14 January 2024), 16 laboratory confirmed cases were reported. With the recent rains that have fallen on Mauritius, this situation is expected to worsen.

Mozambique

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease</th>
<th>Grade</th>
<th>Start Date/End Date</th>
<th>Number of Cases</th>
<th>Deaths</th>
<th>% Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>Humanitarian crisis in Cabo Delgado</td>
<td>Protracted</td>
<td>1-Jan-20</td>
<td>2</td>
<td>14-Feb-24</td>
<td>2</td>
</tr>
</tbody>
</table>

As of 15 March, the low-pressure system, named Filipo, delivered abundant, intense rain and strong gusts of rain as it hit multiple countries, with Mozambique the worst affected. Two people died due to the system, and around 2,800 people have been displaced. Many structures collapsed in coastal areas due to the severe storm at sea. In the south of the country, waves exceeded 21 feet in height. Meanwhile, in Maputo, the capital, streets were flooded, and traffic was significantly impeded. In this city of more than one million inhabitants, dozens of vehicles were swept away. Rainfall was heavy, exceeding 8 inches in some areas. Combined with wind speeds of more than 50 mph, it created a dangerous weather situation in a country still recovering from Freddy.
### Poliomyelitis

<table>
<thead>
<tr>
<th>Country</th>
<th>Disease Type</th>
<th>Grade</th>
<th>Cases</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>cVDPV2</td>
<td>Grade 2</td>
<td>7,312</td>
<td>1-Jan-21</td>
</tr>
<tr>
<td>Mozambique</td>
<td>WPV1</td>
<td>Grade 2</td>
<td>77</td>
<td>17-May-22</td>
</tr>
</tbody>
</table>

**WEEKLY BULLETIN ON OUTBREAKS AND OTHER WEEK 12: 18 - 24 MARCH 2024**

### Poliomyelitis

- **Grade 3** cases: 20.00%
- **Grade 2** cases: 4.90%
- **Ungraded** cases: 0.00%

### Diphtheria

- **Grade 2** cases: 0.00%

### Dengue

- **Ungraded** cases: 0.10%

### Measles

- **Grade 2** cases: 0.00%

### Meningitis

- **Ungraded** cases: 0.00%

### Protracted

- **Ungraded** cases: 0.00%

### Humanitarian crisis

- **Grade 2** cases: 0.00%

### Poliomyelitis (WPV1)

- **Grade 2** cases: 0.00%

### Poliomyelitis (cVDPV2)

- **Grade 2** cases: 0.00%

### Humanitarian crisis (Sahel region)

- **Grade 2** cases: 0.00%

### Humanitarian crisis (Nigeria)

- **Grade 2** cases: 0.00%

### Humanitarian crisis (Niger)

- **Grade 2** cases: 0.00%

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### Humanitarian crisis (Nigeria)

- **Grade 2** cases: 0.00%
No cVDPV2 case was reported this week. There were four cases reported in 2024, 87 cVDPV2 cases reported in 2023 and 48 cases in 2022.

From 1 January to 17 March 2024, six confirmed cases of Chikungunya were reported from the regions of Dakar (1), Kolda (1), Matam (2), and Tambacounda (2) in Senegal. In 2023, the total number of confirmed cases was 344.

Confirmed cases of dengue continue to be reported in Senegal in 2024. From 1 January to 17 March 2024, a total of 22 confirmed cases were reported in the regions of Dakar (14), Louga (4), Saint-Louis (2), Matam (1), and Thiès (1). Among these cases, 12 (55%) are in the 15-35 age group, followed by 8 (36%) in the 35-50 age group, and 2 in the 50+ age group. In 2023.

In week 49, Senegal health authorities reported the confirmation of two cases of Zika virus disease in the districts of Sédhiou and Sokone through Polymerase Chain Reaction (PCR) testing. Details regarding the age of the women in Sokone remain unspecified, and their pregnancy status has not been disclosed. There is a potential risk for adverse outcomes including microcephaly, other congenital malformations in infants, and possibilities of premature birth or miscarriage. Investigation reports are forthcoming. No new updates on cases and deaths since October 2023

On 7 February 2024, the Ministry of Health of Senegal was informed by Institut Pasteur of Dakar of a confirmed West Nile virus case in Matam region. The case is a 23-year-old male residing in Thilonge commune, Matam department, who had onset of symptoms of fever, headache and myalgia on 23 January 2024. On 26 January 2024, he presented at a health facility where he tested negative for malaria. A symptomatic treatment was initiated. A blood sample was sent to Institut Pasteur of Dakar on 02 February 2024 for further testing. The sample tested IgM positive for West Nile virus on 07 February 2024. No additional case was reported. Further investigations are ongoing.

The cholera outbreak has been ongoing in South Africa since December 4, 2023. It started with imported cases linked to ongoing outbreaks in Southern Africa and two locally transmitted cases from Limpopo in January. As of February 23, 2024, 1 395 cases and 47 deaths have been reported.

The latest data shows that 5.83 million people (46% of the population) are experiencing high levels of acute food insecurity classified as IPC Phase 3 or above (Crisis or worse), with 1.84 million people in IPC Phase 4 (Emergency). An estimated 35,000 people are classified in IPC Phase 5 (Catastrophe) in the Duk (3 000) and Nyoiri (3 000) counties of Jonglei State; and the Rubkonba County (15,000) of Unity State. Between July 2023 and June 2024, an estimated 1.65 million children between 6-59 months are expected to suffer acute malnutrition including 480,000 million children expected to suffer Severe Acute Malnutrition (SAM) and 1.16 million expected to suffer Moderate Acute Malnutrition (MAM). 870 000 pregnant or breastfeeding women are expected to suffer acute malnutrition in this period.

On 15 April 2023, a conflict between the Rapid Support Forces (RSF) and the Sudanese Armed Force (SAF) broke out and displaced people within Sudan and in five neighboring countries among which four are part of the WHO African region (AFRO): the Central African Republic (CAR), Chad, Ethiopia, and South Sudan. As of 6 March 2024, 124 751 refugees and 463 960 returnees are registered in South Sudan

As of 24 March 2024, Hepatitis E outbreak was ongoing in South Sudan. On 04 March 2024, Warrap State government in South Sudan officially declared an outbreak of hepatitis E in Twic County, prompted by a 3-year-old girl’s positive test result, marking a significant public health concern in the region. This alarming declaration came after 2 individuals exhibited symptoms consistent with hepatitis E and one positive case was confirmed in Juba after laboratory tests. PH prevention measures are underway.

As of Epi week 9, 2024, a total of 429 suspected measles cases were reported, with 116(27%) lab-confirmed, four deaths, and a case fatality rate of 0.9%. However, there were five (5) ongoing outbreaks in Ibba, Juba, Yei, Rumbeek Centre, and Tonj East, respectively. Suspected/confirmed cases in Abyei North, Aweil Centre, Aweil South, Aweil West, Bari, Mundri West, Pibor, Tambura, Terekeka, Torit, and Maridi continue to be reported in February. These cases have not reached the outbreak threshold and require more samples to be collected for testing in accordance with the revised SOP.

No cVDPV2 case was reported this week. The number of cases for 2023 remains two from Yambio, in Western Equatoria and Juba in Central Equatoria.

Yellow fever outbreak is still ongoing in South Sudan since it was officially declared by the health authorities on 6 January 2024. As of 5 March 2024, a total of 81 cases including 78 suspected and three confirmed cases have been reported. About six suspected deaths have been also reported. All cases were reported from six counties in Western Equatoria state: Yambio (45), Tambura (15), Nzara (10), Ezo (06), Ibba (04), and Maridi Counties (01) as of 3 March 2024

South Sudan: Food insecurity (Horn of Africa crisis)

South Sudan: Impact of Sudan crisis in South Sudan

South Sudan: Humanitarian crisis

South Sudan: Cholera

South Sudan: Hepatitis E

South Sudan: Measles

South Sudan: Poliomyelitis (cVDPV2)

Swaziland: Tropical Storm Filipo

Nigeria: Poliomyelitis (cVDPV2)

Senegal: Chikungunya

Senegal: Dengue

Senegal: Measles

Senegal: West Nile fever

Senegal: Zika

South Africa: Cholera

South Africa: Food insecurity

South Africa: Humanitarian crisis

South Africa: Impact of Africa crisis

South Sudan: Poliomyelitis (cVDPV2)

Swaziland: Tropical Storm Filipo

Senegal: Cholera

Senegal: Dengue

Senegal: Measles

Senegal: West Nile fever

Senegal: Zika

South Sudan: Food insecurity

South Sudan: Impact of Sudan crisis

South Sudan: Humanitarian crisis

South Sudan: Cholera

South Sudan: Hepatitis E

South Sudan: Measles

South Sudan: Poliomyelitis (cVDPV2)
As of 14 March, heavy rain and strong winds caused by Cyclone Fillipo affected the eastern Lubombo region of Eswatini. Ka-Langa, Sitatsaweni, Makhevu, Lomahasha are areas that have been affected, and have suffered flooded houses and schools, damaged roads, downed power lines. Public transport has been heavily reduced and schools due to adverse weather. On a positive note, the rain helped alleviate drought conditions in the region.

As of 15 March 2024, since 5th September 2023 cholera outbreaks have been reported in 18 regions (Mara, Arusha, Kilimanjaro, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Ruwika, Dodoma, Manyara, Morogoro, Katavi and Dar es Salaam) in Tanzania Mainland, where a total of 2,549 cases and 46 deaths (CFR 1.8%) reported. Out of 18 regions, a Cholera outbreak was declared over in 6 regions (Geita, Mara, Arusha, Kilimanjaro, Ruvuma and Tabora).

According to the Global Polio Eradication Initiative (GPEI), no cVDPV2 cases were reported this week. The total number of cases for 2023 remains two. The number was reviewed from three to two following verification.

The Ministry of Health and Public Hygiene in Togo has officially released a communication on 08 March informing the public about the notification of measles cases in the country, particularly in the districts of Kéran and Oti Sud, which have entered into an epidemic phase. Indeed, since the beginning of the year up to epidemiological week 9, the country has recorded a total of 133 confirmed cases of measles.

No cVDPV2 case was reported this week. There were two cases reported in 2022. No cases were reported in 2021. There were nine cases in 2020, while the total number of cVDPV2 cases reported in 2019 remains at eight.

Uganda hosts slightly over 1.4 million refugees in 13 districts. The population analyzed includes 12 refugee host districts in which 6 are classified in IPC Phase 3 or above: Adjumani, Kiriandongo, Kyegyera, Lambwo, Obongi and Yumbe. The food security situation is projected to gradually deteriorate during the projection period from February to June 2024, with the population in IPC Phase 3 or above increasing from 846,000 people (20% of the analyzed population) to 963,000 people (23% of the analyzed population).

Human anthrax outbreak which started in 2023 is still ongoing in Uganda. Amudat district reported 2 suspected anthrax cases from Karita HC IV in epi week 10 and other 2 in epi week 9. The district rapid response team has been notified to investigate the event. There were zero new cases in the 8 remaining affected districts (except in Amudat) and zero deaths in all the 9 affected districts of Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Nakapiripiri, Napak.

Since week 1 through week 44 (ending 19 November 2023), about 182 Rift Valley fever (RVF) cases have been reported including 54 confirmed cases and 13 deaths from Kabale, Rubanda, Mbarara, Isingiro, Busenyi, Nakaseke, Kazo, Lira and Kukumi districts. In 2024, only five cases have been reported. As of 3 March 2024, only Mbarara district is experiencing an active RVF outbreak with one case and zero death reported so far.

Since 14 March 2024, the Cholera outbreak in Kyenjonjo (81 cases, six confirmed and two deaths) was controlled, however the following districts are still in outbreak: Kasese (29 cases, three confirmed), Amuru (27 cases, three confirmed and one death), Kasanda (48 cases, four confirmed and three deaths), Hoima (421 cases, 14 confirmed and two deaths), Ominde (91 cases, five confirmed), Marachi (5 cases, four confirmed), Koboko (13 cases, four confirmed), Yumbe (14 cases, 10 confirmed), Arua city (138 cases, 111 confirmed and one death) and Mbale (13 cases and five confirmed).

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As of 12 February 2023, there have been a total of 683 cases reported in Zimbabwe. Eight districts have reported cases since beginning of 2023 with the majority of cases coming from Gokwe North (63.1%) and Gokwe South (33.1%). The confirmed death was reported in 2023, from Gokwe South.

<table>
<thead>
<tr>
<th>Zimbabwe</th>
<th>Cholera</th>
<th>Grade 3</th>
<th>2/12/2023</th>
<th>2/12/2023</th>
<th>3/17/2024</th>
<th>28,974</th>
<th>2,786</th>
<th>603</th>
<th>2.10%</th>
</tr>
</thead>
</table>

The first cholera outbreak in the country in 2023 started on the 12 February 2023. Cumulatively there were 28,974 cholera cases with 603 deaths (CFR 2.0%) as of 17 March 2024. All of the ten provinces are affected with majority of the cases reported from Manicaland, Harare, Mash West and Mash East provinces.  

<table>
<thead>
<tr>
<th>Zimbabwe</th>
<th>Poliomyelitis (cVDPV2)</th>
<th>Grade 2</th>
<th>21-Feb-24</th>
<th>22-Feb-24</th>
<th>27-Feb-24</th>
<th>1</th>
<th>0</th>
<th>0.00%</th>
</tr>
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</table>

Zimbabwe is currently responding to an outbreak of a circulating Vaccine Derived Poliovirus type 2 (cVDPV2). The cVDPV2 outbreak was first detected through Environmental Surveillance (ES) in October 2023 in Harare City. So far there is human cases of vaccine deprived polio type 2 (cVDPV2). This cVDPV2 case was detected in Sanyati district through Acute Flaccid Paralysis (AFP) surveillance. Two cVDPV2 isolates were detected from healthy children whose samples were collected as part of the initial detailed outbreak investigation. The country is now responding through strengthened routine immunization, enhanced surveillance and nOPV2 vaccination campaigns. First round of the nOPV2 campaign was conducted from 20 to 23 February 2024.

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From 8 October 2022 to 26 December 2023, a total of 1338 laboratory-confirmed cases were reported from eight provinces. Limpopo had reported the most number of cases (533), followed by Gauteng (265), North West (226) and Western Cape (56). Event closed since no cases were reported for more than two incubation cycles.

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WHO received a notification of the food poisoning outbreak in Zanzibar, Tanzania, caused by eating sea turtles. As of 17 March 2024, 3 new cases and zero deaths were reported. Cumulatively, 167 cases and nine deaths (CFR 5.6%) were reported since the beginning of this incident on 4 March 2024. The toxicological analysis confirmed that all samples (vomitus, blood, mucus and sea turtle meat) had marine biotoxin known as de carbamoyl saxitoxin produced by a harmful algal bloom, which causes chelonitoxism in humans. No new cases have been reported since 15 March; the outbreak has been contained.

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On 1 December 2022, WHO was notified of a human anthrax outbreak in Zambia. The first cases were recorded in the Sinazongwe district of Southern province in October 2022. Between 12 October 2022 and 18 February 2023, a total of 895 cases and 18 deaths (CFR 0.45%) were reported from nine provinces.

†Grading is an internal WHO process, based on the Emergency Response Framework. For further information, please see the Emergency Response Framework: http://www.who.int/hac/about/erf/en/.

Data are taken from the most recently available situation reports sent to WHO AFRO. Numbers are subject to change as the situations are dynamic.
Data sources
Data and information is provided by Member States through WHO Country Offices via regular situation reports, teleconferences and email exchanges. Situations are evolving and dynamic therefore numbers stated are subject to change.